

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

\_\_\_\_\_  
Date qualified as committee

☒ Amendment

List I.D. number:

# 1256989

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☒ Termination - See Part 5

List I.D. number:

# 1256989

12/31/2003

\_\_\_\_\_  
Date of Termination

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use only

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## 1. Committee Information

NAME OF COMMITTEE

Progressive Democrats and Independents Against the Governor's Recall

\_\_\_\_\_  
STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-2952

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS  
(916) 442-1280

COUNTY OF DOMICILE

Sacramento

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Judith C. Briggs-Marsh

\_\_\_\_\_  
STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94607	(510) 663-8265

\_\_\_\_\_  
NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_  
STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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\_\_\_\_\_  
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

\_\_\_\_\_  
MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/28/2004  
DATE

By Judith C. Briggs-Marsh

\_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/28/2004  
DATE

By Judith C. Briggs-Marsh

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

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COMMITTEE NAME

Progressive Democrats and Independents Against the Governor's Recall

I.D. NUMBER

1256989

## 4. Type of Committee

 Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIPCODE

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Recall of Governor Gray Davis	Statewide	SUPPORT	OPPOSE X
		SUPPORT	OPPOSE

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## COMMITTEE NAME

Progressive Democrats and Independents Against the Governor's Recall

## I.D. NUMBER

1256989

**4. Type of Committee** (Continued)**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ **CITY Committee**    ☐ **COUNTY Committee**    ☐ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**☐

Date qualified

**Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.****5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditure in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

FPPC Form 410 (Jan/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC